Louisiana Health Insurance Premium Payment Application Form

1. Do you or someone in your family currently have or have access to health insurance through a job or through COBRA? If yes, select the type of insurance plan you have coverage under:

□ Individual	□ Individual + child(ren)	□ Individual + spouse	□ Family

2. Complete the following information regarding the policyholder or the person who has a job.

a. Policyholder's name:	b. Date of birth:
c. Social security number:	d. E-mail:
e. Area code/ phone number:	f. Other phone number:

3. Complete the following information regarding the health insurance policy and your current employer.

a. Policy number:	b. Group number:
c. Insurance company name:	d. Insurance company phone number:
e. Employer name and phone number:	f. Employer open enrollment start and end date:

4. What is the premium for this policy (if known)? $ _____ These premiums are paid/ deducted:

□ Weekly	□ Bi-weekly	□ Semi-Monthly	□ Monthly	□ Quarterly	□ Other

5. List all persons covered by the policy who are eligible for Medicaid. (Use extra paper if needed.)

Name	Social Security Number	Birth date	Relationship to policyholder
a.			
b.			
c.			

6. Are any of the persons listed above pregnant, or do any have a special medical condition? (Use extra paper if needed.)

Name	Medical Condition	Name of Birthing Center (If applicable)

7. Payments are made by directly depositing money into your bank account. Direct deposit helps you avoid trips to the bank, check cashing fees, and even payment delays due to bad weather. You may provide a copy of your voided check or complete the following information.

Account Type (Please check one): □ Checking □ Savings Bank Name: _____

Routing #: _____ Account #: _____

*The ABA routing number and your account number are located at the bottom of your check.

For faster processing, attach a copy of your **insurance card** if you have one, **summary of benefits** and **rates** from your employer, and a recent **pay stub** to show your premium deduction.

Fax completed application toll free to 1-877-419-1384

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